



October 20, 2014

Montana Health Care Programs Notice

Hospital, Mid-Level, Pharmacy, and Physician Providers

Effective December 15, 2014

SmartPA® Prior Authorization for Synagis®

Synagis® (Palivuzimab) is a covered product for Montana Medicaid and Healthy Montana Kids (HMK)/CHIP, which is subject to prior authorization criteria during the Montana Respiratory Syncytial Virus (RSV) season from December 15, 2014 through April 30, 2015.

Epidemiology of RSV is monitored to adjust for seasonal variance. The attached criteria have been updated to coincide with the newly released American Academy of Pediatrics revised guidelines (2014) for RSV prophylaxis.

Medicaid and HMK/CHIP will begin authorizing Synagis® on December 15, 2014, electronically through the SmartPA® Point-of-Sale Prior Authorization system. Reimbursement is not available for Synagis® until December 15, 2014. The criteria for approval are outlined on the second page of this notice. If a request is denied through the SmartPA® system on or after December 15, 2014, please contact the Medicaid Drug Prior Authorization Unit at 1-800-395-7961 to provide additional supporting documentation for review.

Contact Information

Drug Prior Authorization Unit
Mountain-Pacific Quality Health
3404 Cooney Drive
Helena, MT 59602
406-443-6002 or 1-800-395-7961 (Phone)
406-513-1928 or 1-800-294-1350 (Fax)

If you have any questions regarding this provider notice, please contact Dave Campana, R.Ph., at 406-444-5951 or dcampana@mt.gov, or Katie Hawkins at 406-444-2738 or khawkins@mt.gov, or the Medicaid Drug Prior Authorization Unit at 1-800-395-7961.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Montana Medicaid Provider Information website at <http://medicaidprovider.hhs.mt.gov>.

Montana Medicaid Synagis Criteria 2014–2015

Age at Onset of RSV Season	Risk Factors Eligible for Approval
< 12 Months Does not include first birthday.	Estimated Gestational Age (EGA) < 29 weeks.
	EGA < 32 weeks with a diagnosis of chronic lung disease (CLD) in the past 12 months and history of requirement for 21% oxygen for the first 28 days after birth.
	Diagnosis of hemodynamically significant acyanotic congenital heart disease in the past 12 months AND history of drugs to treat CHF or moderate to severe pulmonary hypertension in the past 45 days.
	Diagnosis of hemodynamically significant cyanotic congenital heart disease in the past 12 months AND prescriber is a pediatric cardiologist.
	Diagnosis of severe neuromuscular disease or congenital respiratory abnormalities (does not include CF) in the past 12 months.
	Patient undergoing cardiac transplantation OR patient is profoundly immunocompromised (e.g., stem cell or organ transplant, chemotherapy) during RSV season.
< 24 Months Does not include second birthday.	Diagnosis of chronic lung disease (CLD) in the past 2 years WITH history in past 6 months of O ² supplementation, bronchodilators, diuretics, or three or more claims for systemic or inhaled corticosteroids.
	Patient undergoing cardiac transplantation OR patient profoundly immunocompromised during RSV season.

- The 2014–2015 season for Montana Medicaid and HMK/CHIP RSV prophylaxis will run from December 15, 2014 through April 30, 2015.
- Approval will be for 1 dose per month, up to a **maximum of 5 doses**, during the RSV season.
- Medicaid and HMK/CHIP will allow one 50mg vial (0.5ml) **OR** one 100mg (1ml) vial. Doses above 100mg will require prior authorization based on patient weight.